

City Council
Len Torres, *President*
Anthony Eramo, *Vice President*
Eileen J. Goggin
Scott J. Mandel
Anissa D. Moore

City of Long Beach



City Manager
Jack Schnirman

Assistant Superintendent
of Parks and Recreation
Paul Ferrante

Parks and Recreation Department

RECREATION MEMBERSHIP LONG BEACH SCHOOL DISTRICT RESIDENT

- **PROOF OF RESIDENCY** is required. Residents must show **two proofs of residency** such as a current utility bill and photo ID.
- **MEMBER MUST RESIDE IN POINT LOOKOUT, LIDO BEACH OR EAST ATLANTIC BEACH**
- **PROOF OF AGE** must be shown or application will not be accepted if purchasing **Child** or **Senior Citizen** membership.
- Membership (**Child membership not included**) entitles use of Recreation Facility, including: Pool, Weight & Cardio Rooms, Locker Room, Steam Room & Showers.
- Please fill out all information below and return to Recreation Center, Magnolia Blvd. & W. Bay Drive, Long Beach
- Make checks payable to CITY OF LONG BEACH with proper identification, such as Driver's License. Cash, Visa and Master Card are also accepted.
- Membership is non-transferable AND **non-refundable**.
- Please CHECK-IN AT FRONT DESK each time you come.

>> PUT TELEPHONE NUMBER ON CHECK<<

ONE YEAR FACILITY RATES			SIX MONTH FACILITY RATES		
_____	Child (15 & Under)	\$185.00	_____	Child (15 & Under)	\$110.00
_____	Adult	\$315.00	_____	Adult	\$180.00
_____	Couple	\$440.00	_____	Couple	\$260.00
_____	Family Plan	\$500.00	_____	Family Plan	\$295.00
_____	Senior Citizen (60+)	\$180.00	_____	Senior Citizen (60+)	\$105.00
_____	Physically Challenged	\$180.00	_____	Physically Challenged	\$105.00
_____	Swim Team Member	\$180.00	_____	Swim Team Member	\$105.00

THREE MONTH FACILITY RATES			MONTHLY FACILITY RATES		
_____	Child (15 & Under)	\$65.00	_____	Child (15 & Under)	\$30.00
_____	Adult	\$105.00	_____	Adult	\$50.00
_____	Couple	\$160.00	_____	Couple	\$70.00
_____	Family Plan	\$185.00	_____	Family Plan	\$85.00
_____	Senior Citizen (60+)	\$60.00	_____	Senior Citizen (60+)	\$22.00
_____	Physically Challenged	\$60.00	_____	Physically Challenged	\$22.00
_____	Swim Team Member	\$60.00	_____	Swim Team Member	\$22.00

(Please PRINT clearly and check desired membership)

NAME _____ DATE OF BIRTH _____ AGE _____ SEX _____

COUPLE NAME _____ DATE OF BIRTH _____ AGE _____ SEX _____

STREET _____ CITY _____ ZIP _____

PHONE (day) _____ (night) _____

EMERGENCY NAME _____ Relationship _____

EMERGENCY PHONE (day) _____ (night) _____

FOR RECREATION DEPT. USE ONLY

RECEIPT # _____ AMOUNT PAID _____ DATE _____ STAFF _____ POSTED _____

SCHOOL DISTRICT RESIDENT MEMBERSHIP APPLICATION

*FAMILY PASS INFORMATION

FAMILY NAME _____

1. Name _____ Age _____ DOB _____

2. Name _____ Age _____ DOB _____

3. Name _____ Age _____ DOB _____

4. Name _____ Age _____ DOB _____

5. Name _____ Age _____ DOB _____

6. Name _____ Age _____ DOB _____

7. Name _____ Age _____ DOB _____

8. Name _____ Age _____ DOB _____

9. Name _____ Age _____ DOB _____

* Family Pass includes Parents and children 15 and under residing at the same address.

RECEIPT # _____ AMT PAID _____ DATE _____ STAFF _____